



KDHE Approval: \_\_\_\_\_

KDHE Reference: \_\_\_\_\_

**Kansas Department of Health and Environment**  
**APPLICATION FOR ABOVEGROUND STORAGE TANK**  
**SYSTEM PERMIT**

CERCLA Listed and Petroleum Non-Flammable and Non-Combustible Liquids ONLY

**I. FACILITY INFORMATION:**

Facility Name:		
KDHE Facility ID (if applicable):		
Facility Street Address:	Facility Mailing Address:	
Contact Person:	Contact Phone Number:	
	Contact Fax Number:	
	Contact E-mail Address:	
Tank Location address:	County:	
	Qtr Section _____ Section _____ Circle one:	
	Township _____ S. Range _____ E / W	
Number of aboveground tanks already at this location: _____	Number of underground tanks already at this location: _____	
Are tanks to be taken out of service because of this new installation? Yes _____ No _____		
Are tank(s) currently in Use? Yes _____ No _____ If yes Date installed _____		
Are tank(s) new installation and not yet in service Yes _____ No _____		
Type of Usage:		

**II. TANK OWNER INFORMATION**

Owner Name:			
KDHE Owner ID (if applicable):	City:	State:	ZIP + 4:
Owner Address:	Phone Number:		
Contact Person:	Fax Number:		
	E-mail Address:		
Owner Type: Government _____ Industrial/Business _____ Farm _____ Retail _____ Other _____			

**III. CONTRACTOR/INSTALLER INFORMATION:**

Contractor/Installer Name:			
Address:	City:	State:	ZIP + 4:
Contact Person:	Phone Number:		
	Fax Number:		

Submit completed applications to the Kansas Department of Health and Environment, BER - Storage Tank Section, 1000 SW Jackson Street, Suite 410, Topeka, KS, 66612

DO NOT INCLUDE CHECK FOR PAYMENT OF REGISTRATION FEES WITH THIS FORM.

**IV. TANK INFORMATION:**

(Duplicate as needed)

Tank Site Number	Tank_____	Tank_____	Tank_____	Tank_____
Individual Tank Number Located on Data Plate				
Capacity in Gallons				
Tank Dimension Length & Width				
Single Wall Or Double Wall				
Type of Product Being Stored in tank				
Product CERCLA Name or CAS registration number				
Type of tank (Steel, fiberglass, polyethylene, etc.)				
Liner type (if applicable)				
Manufacturer of Tank				
Type of Dike Construction				
Dike Size LxWxH				
Dike Capacity (in gallons) Must contain 110% of the largest tank				
Emergency Vent Size				
Atmospheric Vent Size				
Orientation (Horiz/Vert)				
Year Installed				
Age of Tank				
Corrosion Protection (paint etc)				

**Attach a copy of the Safety Data Sheet for each product to the application.**

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## V. PIPING INFORMATION

Are your piping, valves, and fittings all made of materials that are compatible with the product(s) being stored? Yes_____ or No_____
Pipe Construction: Alloy_____ Steel_____ Stainless Steel_____ PVC_____ Copper_____ Galvanized_____ Fiberglass_____
Black Piping Coat_____ No Piping Used_____ Rubber Fuel Line_____
Is the piping aboveground? Yes_____ No_____
Is the piping underground? Yes_____ No_____

## VI. STORAGE TANK BASE TYPES

Asphalt_____ Cinder Block_____ Concrete_____ Concrete Vault_____ Dirt Base with Liner_____ Ground_____ Metal Containment_____
Steel_____ Supports_____

## VII. STORAGE TANK APPROVAL

API Approval Number_____ National Standard_____ Underwriters Labs_____ Other_____
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## VIII. PLANS

Plans should document the location of the tanks, lines, monitoring equipment, nearby structures, and property boundaries. **Provide a separate detailed drawing of tank, piping, valves, and dispenser locations.** Submit a complete application, Material Safety Data Sheets and plans to the Kansas Department of Health and Environment for approval. Please submit plans on sheets of paper no larger than 11x17.

## IX. APPLICANT'S CERTIFICATION

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ALL EQUIPMENT WILL BE INSTALLED IN COMPLIANCE WITH THE MANUFACTURER INSTALLATION REQUIREMENTS. THIS INSTALLATION WILL BE PERFORMED IN COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL REGULATIONS.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Contractor's Signature Date